



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION OF HEALTH SERVICES AND LICENSURE
APPLICATION FOR STEMI CENTER REVIEW AND DESIGNATION

SECTION A							
In accordance with the requirements of the Chapter 190 RSMo and the applicable regulations, this application is hereby submitted for review and designation as a STEMI center. Please complete all information applicable to the requested designation level.			Designation Level Requested <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV				
HOSPITAL INFORMATION							
Name Of Hospital (Name To Appear On Designation Certificate)		Telephone Number					
Address (Street And Number)		City	Zip				
PROFESSIONAL INFORMATION							
Chief Executive Officer		Chairman/President of Board of Trustees					
STEMI Medical Director		STEMI Program Manager					
Medical Director of Emergency Medicine		Medical Director of Intensive Care/Cardiac Care Unit					
RESOURCE INFORMATION							
STEMI Caseload	STEMI Team Activations	Cath Lab Team Activations for STEMI	CT Capability <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE				
MRI Capability <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE	Cardiovascular Surgery Capability or Plan	ICU/CCU Beds	Cath Lab Suites				
Cardiac Rehab <input type="checkbox"/> Phase I <input type="checkbox"/> Plan for Rehab	Cardiologists	Interventional Cardiologists	Cardiothoracic Surgeons				
ED Physicians	Anesthesiologists/CRNAs & AAs	Avg Elective/Primary PCIs	Avg number of STEMI with thrombolytics				
CERTIFICATION							
<p>We, the undersigned, hereby certify that the information provided in this application for STEMI center review and designation is true and accurate; and give assurance of the intent and ability of the hospital to comply with regulations promulgated under Chapter 190 RSMo.</p> <p>We further certify that the hospital will comply with all recommendations for improvement contained in the STEMI center site review reports prepared by the Missouri Department of Health and Senior Services.</p> <p>Date of application _____</p> <table border="0"><tr><td>Signed _____ Chairman/President of Board of Trustees, Owner, or one Partner of Partnership</td><td>Signed _____ Hospital Chief Executive Officer</td></tr><tr><td>Signed _____ STEMI Medical Director</td><td>Signed _____ Director of Emergency Medicine</td></tr></table>				Signed _____ Chairman/President of Board of Trustees, Owner, or one Partner of Partnership	Signed _____ Hospital Chief Executive Officer	Signed _____ STEMI Medical Director	Signed _____ Director of Emergency Medicine
Signed _____ Chairman/President of Board of Trustees, Owner, or one Partner of Partnership	Signed _____ Hospital Chief Executive Officer						
Signed _____ STEMI Medical Director	Signed _____ Director of Emergency Medicine						

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SECTION B

Please attach the following documentation to the application form.

Name of Hospital:

- ☐ Hospital organizational chart depicting the relationship of the STEMI services to other services and defining the organizational structure of the STEMI service.
- ☐ A job descriptions and CV for the STEMI medical director and STEMI coordinator/program manager.
- ☐ A narrative description of the administrative commitment for the STEMI center, including how STEMI center designation relates to the overall mission of the hospital.
- ☐ Board resolution supporting the STEMI center.
- ☐ A narrative description of the catchment area for the STEMI center.
- ☐ A narrative description of the prehospital system including the hospital's participation in medical control, quality assurance, and education of the emergency medicine personnel.
- ☐ Hospital diversion policy.
- ☐ List of the STEMI medical director and STEMI program coordinator or program manager (core STEMI team) indicating the cardiac related continuing education for each over the past three (3) years. (Do not send continuing education information about the clinical STEMI team. This should be available at the time of the review.)
- ☐ Multidisciplinary team policy.
- ☐ List of all cardiologists, cardiothoracic surgeons, interventional cardiologists and emergency department physicians indicating cardiac-related CME for each over the past three (3) years.
- ☐ List of mentors, if applicable, their relationship to the hospital and the mentor plan.
- ☐ Narrative description of the system for notifying/activating STEMI team
- ☐ Cardiac catheterization lab team activation protocol.
- ☐ One-call cardiac catheterization lab activation by EMS protocol and/or by ED protocol.
- ☐ Copies of all transfer agreements pertaining to STEMI.
- ☐ Policy for cardiac rehabilitation.
- ☐ Protocols on post-discharge and post-transfer follow-up for STEMI patients.
- ☐ A narrative description of the STEMI quality improvement (QI) processes utilized by the hospital (Do not send copies of QI minutes or documents. These should be available at the time of review.)
- ☐ Examples of STEMI-related educational, outreach, and research projects undertaken by the hospital.
- ☐ Summary of source of STEMI and PCI information for Table 1 on next page.

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Table 1. STEMI and PCI Numbers for Past Three (3) Years					
A	B	C	D	E	F
Indicate year ¹ Provide three years of data	STEMI cases ² Transfers ³	STEMI cases- PCI eligible ⁴ Primary PCIs ⁵	Elective PCIs ⁶	STEMI cases- Lytics eligible ⁷ STEMI cases that receive lytics ⁸	STEMI deaths ⁹
For example: 2007	59 10	48 38	369	8 7	2
Total					
Average/Year					

¹ Include data for the last three years of hospital data. Indicate time frame in months if it is other than January to December.

² Include all STEMI patients, independent of hospital admission or hospital transfer status. To include walk-ins, transfers, EMS transports, admitted patients, and patients that die.

³ Provide number of all STEMI patients transferred to this hospital from another hospital.

⁴ Include all STEMI cases that are eligible for Primary PCI.

⁵ Include all AMI-STEMI patients that have ICD-9 diagnosis code of 410.0-410.6 or 410.8 for which PCI (ICD-9-CM procedure code of PCI) is done within 24 hours of STEMI diagnosis.

⁶ Elective PCIs are all other PCIs done at the hospital that are not primary (those not included in column C)

⁷ Include all STEMI patients that are eligible for lytics.

⁸ Include all lytic eligible STEMI cases that receive lytics.

⁹ Include all deaths, ED and inpatient, independent of hospital admission or hospital transfer status.

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**Instructions for Completion of Application
STEMI Center Review and Designation**

SECTION A

Designation Level Requested

Indicate whether the hospital is applying for designation as a Level I, II, III, or IV STEMI center.

HOSPITAL INFORMATION

Name of Hospital

Type the name of the hospital as it should appear on the designation certificate.

Telephone Number

Type the telephone number including area code for the administrative offices of the hospital.

Address

Type the street address of the hospital, including city and zip code.

PROFESSIONAL INFORMATION

Chief Executive Officer

Type the name of the Administrative Director of the hospital applying for review, not the corporate CEO.

Chairman/President of Board of Trustees

Type the name of the Chief Officer of the hospital Board of Trustees.

STEMI Medical Director

Type the name of the STEMI Medical Director, including credentials.

STEMI Program Manager

Type the name of the STEMI Program Manager, including credentials.

Medical Director of Emergency Medicine

Type the name of the Medical Director of the emergency department, including credentials.

Medical Director of Intensive Care/Cardiac Care Unit

Type the name of the Medical Director of the Intensive Care Unit and the Cardiac Care Unit to which STEMI patients are primarily admitted at the hospital, including credentials

RESOURCE INFORMATION

STEMI Caseload

Indicate the average annual number of STEMI patients seen in the emergency department and hospital calculated from the thirty-six (36) months immediately proceeding the month of the application using the number from Table 1 in SECTION B, Column B, average/year.

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STEMI Team Activations

Indicate the number of times the STEMI team was activated at the hospital during the thirty-six (36) months immediately preceding the month of application.

Cath Lab Team Activations for STEMI

Indicate the number of times the Catheterization Lab team was activated for STEMI cases at the hospital during the thirty-six (36) months immediately preceding the month of application.

Computed Tomography (CT) Scan Capability

If the hospital has an in-house CT scanner that is staffed twenty-four (24) hours a day, seven (7) days a week, indicate **FULL** as the level of capability.

If the hospital has an off-campus CT scanner or one that is not staffed twenty-four (24) hours a day, seven (7) days a week, indicate **PARTIAL** as the level of capability.

If the hospital has no CT scanner indicate **NONE** as the capability.

Magnetic Resonance Imaging (MRI) Capability

If the hospital has an in-house MRI that is staffed twenty-four (24) hours a day, seven (7) days a week, indicate **FULL** as the level of capability.

If the hospital has an off-campus MRI, or one that is not staffed twenty-four (24) hours a day, seven (7) days a week, indicate **PARTIAL** as the level of capability.

If the hospital has no MRI, indicate **NONE** as the capability.

Cardiothoracic Surgery Capability or Plan

Indicate if the hospital has on-site cardiac surgery capability, including Coronary Artery Bypass Grafting (CABG) capability. If not, indicate whether the hospital has a plan for surgical intervention.

ICU/CCU Beds

Indicate the total number of intensive care unit and cardiac care unit beds available for STEMI patients at the hospital.

Cath Lab Suites

Indicate the total number of cardiac catheterization lab suites available for STEMI patients at the hospital.

Cardiac Rehab

Indicate whether the hospital has Phase I rehabilitation or a plan to provide appropriate cardiac rehabilitation for STEMI patients.

Cardiologists

Indicate the total number of cardiologists that take STEMI calls at the hospital.

Interventional Cardiologists

Indicate the total number of interventional cardiologists that take STEMI call at the hospital.

Cardiothoracic Surgeons

Indicate the total number of cardiothoracic surgeons that take call at the hospital.

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ED Physicians

Indicate the total number of physicians in the emergency department participating in STEMI care at the hospital.

Anesthesiologists/Certified Registered Nurse Anesthetists (CRNA) & Anesthesiologist Assistants (AA)

Indicate the total number of Anesthesiologists and CRNA/AA that take stroke calls at the hospital.

Average number of Primary PCIs

Indicate the average annual number of primary PCIs performed at the hospital calculated from the previous thirty six (36) months immediately proceeding the month of the application using the number from the Table 1 in Section B, Column C.

Average number of Elective PCIs

Indicate the average annual number of elective PCIs performed at the hospital calculated from the previous thirty six months immediately proceeding the month of the application using the number from the table 1 in Section B, Column D.

Average number of STEMI with thrombolytics

Indicate the average annual number of STEMI patients that receive thrombolytics at the hospital calculated from the previous thirty-six months immediately proceeding the month of the application using the number from the table in Section B, Column E.

CERTIFICATION

Date of Application

Indicate the month, day and year the application is submitted to the Department of Health and Senior Services.

SECTION B

Section B is a checklist of additional documentation that must be submitted with the application form. Please make sure all items are included and are clearly marked with the name of the hospital.

Table 1. STEMI and PCI Numbers for Past Three (3) Years

Provide data for three (3) years for each of the variables requested. If the data used to compile the numbers on the table are taken from a year time span that is different than a January through December time frame please indicate the time frame in months that is used, e.g., July through June, October through September.